



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

October 11, 2007

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Legends Bar & Grill, 8300 Northwood's Drive requesting a class C liquor license.

This location currently holds a class C liquor license and is being sold to new ownership.

Linda Fredrick, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Linda Fredrick was born in Scottsbluff, Nebraska. She attended the University of Nebraska graduating in 1989 with a Masters degree.

Linda Fredrick employment history is as follows:

1995 - 2002                      Physician Assistant, Holmes Lake Health Center      Lincoln, NE.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Trade Name (doing business as) LEGENDS BAR + GRILL

Street Address #1 8300 NORTHWOODS DR.

Street Address #2 \_\_\_\_\_

City LINCOLN County LANCASTER Zip Code 68505

Premise Telephone number (402) 488-8300

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail address (where you want receipt of mail from the commission) CITY

Name DENISE FREDRICK

Street Address #1 14700 COUNTRY LANE

Street Address #2 \_\_\_\_\_

City LINCOLN County LANCASTER Zip Code 68517

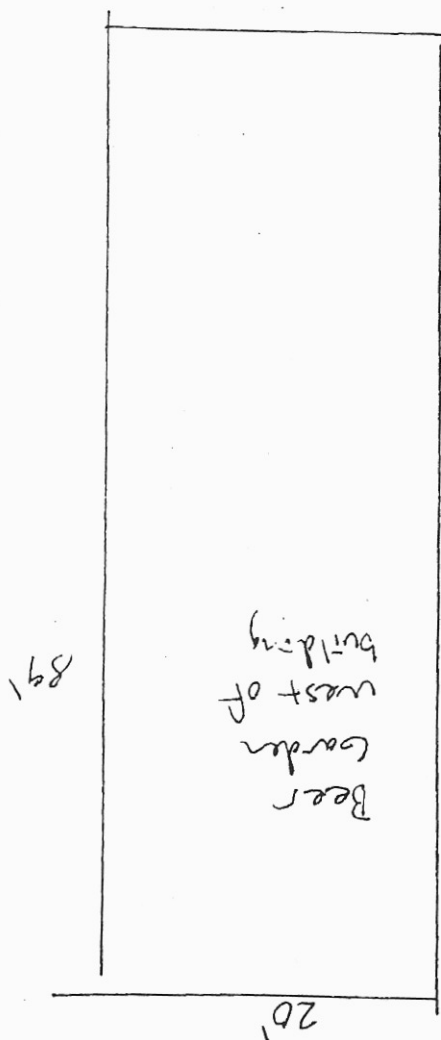
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

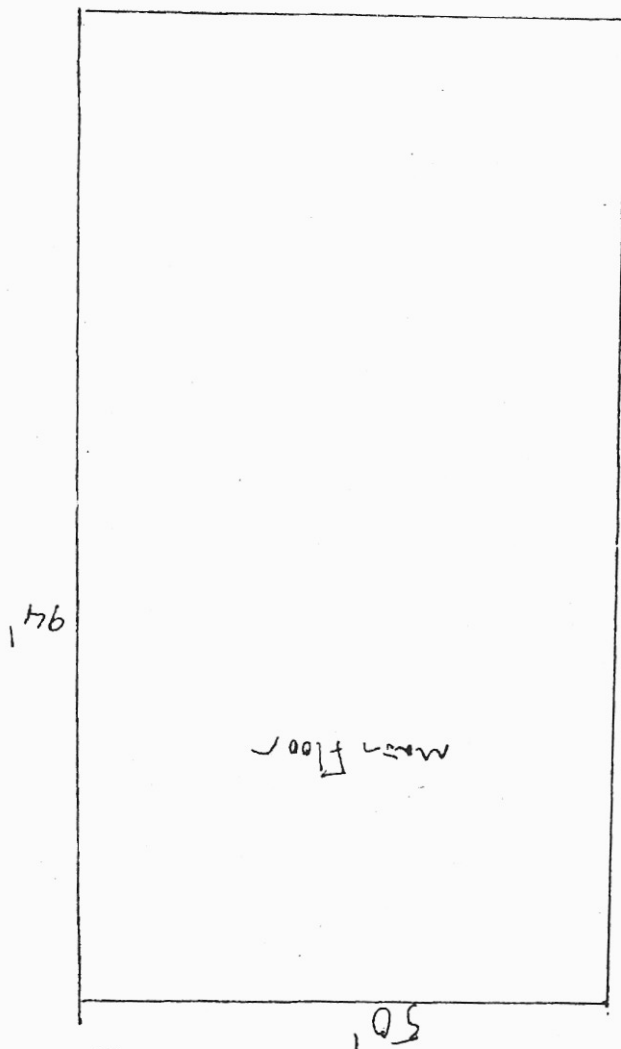
see attached

Entire one story bldg  
approx 94 x 50 including  
second floor loft approx  
24 x 16, basement 24 x 49  
and sidewalk cafe approx  
89 x 20 to west of bldg.

NORTH

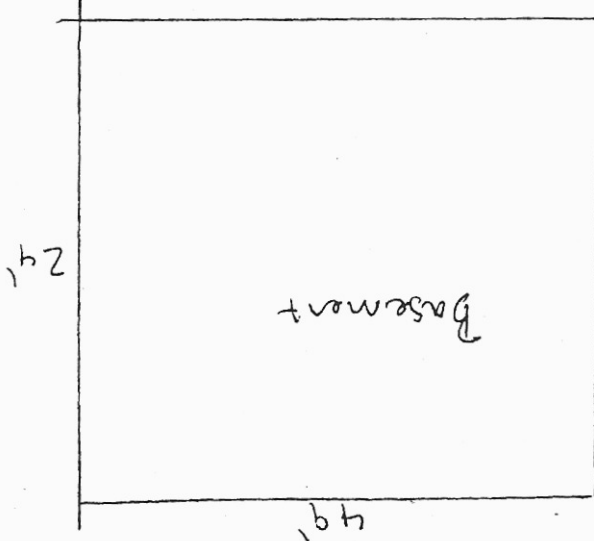
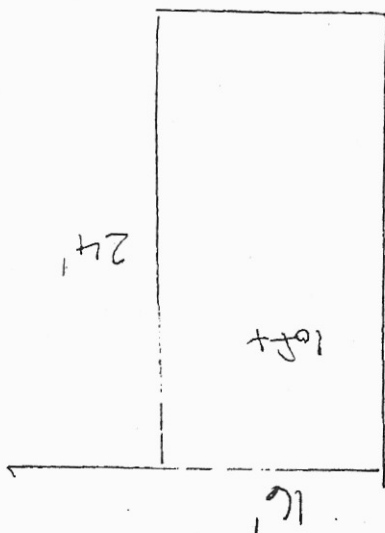


West



East

SOUTH



## APPLICANT INFORMATION

### READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Are you buying the business and/or assets of a licensee?

☒ YES ☐ NO

If yes, give name of business and license number

DMACKS INC 58864

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.  
b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☒ YES ☐ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender

HASTINGS STATE BANK

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

☐ YES ☒ NO

If yes, explain. All involved persons must be disclosed on application.

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

☐ YES ☒ NO

If yes, list such items and the owner.

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☒ NO

If yes, explain.

No silent partners



8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

☐ YES ☒ NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

☐ YES ☒ NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

HASTINGS STATE BANK DENISE FREDRICK

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

NONE

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

DENISE FREDRICK 50-60 HRS

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic beverages.

BARTENDER/MANAGER THE BRISTOL BALLROOM

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date 8-31-2112

☐ Deed

☐ Purchase Agreement

15. When do you intend to open for business? 9-28-7

16. What will be the main nature of business? RESTAURANT + BAR

17. What are the anticipated hours of operation? 11:00 AM - 1:00 AM

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
DENISE FREDRICK			JEFF FREDRICK		
LINCOLN, NE	1990	2007	LINCOLN, NE	1990	2007

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Denise Fredrick  
Signature of Applicant

Jeff Fredrick  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this Sept 26, 2007 by

The foregoing instrument was acknowledged before me this Sept 26, 2007 by

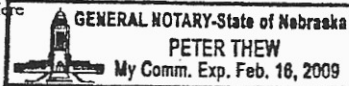
Denise Fredrick

Jeff Fredrick

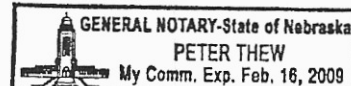
Peter Thew  
Notary Public signature

Peter Thew  
Notary Public signature

Affix Seal Here



Affix Seal Here



in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
- 2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: JEFF FREDRICK

Name of Corporation that will hold license as listed on the Articles

SIS VENTURES, INC

Corporation Address: 14700 COUNTRY LANE

City: LINCOLN

State: NE

Zip Code: 68517

Corporation Phone Number: (402) 785-9595

Fax Number: (402) 785-9596

Total Number of Corporation Shares Issued: 10,000 SHARES

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: FREDRICK

First Name: LINDA

MI: DENISE

Home Address: 14700 COUNTRY LANE

City: LINCOLN

State: NE

Zip Code: 68517

Home Phone Number: (402) 785-9595

Linda Denise Fredrick

Signature of president

County of Douglas

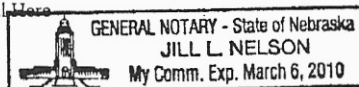
The foregoing instrument was acknowledged before me this 22th day of September, 2007

Jill L Nelson

Notary Public signature

Commission expires March 7/2010

Affix Seal Here



Signature of president

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: FREDRICK First Name: LINDA MI: DENISE

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: PRESIDENT Number of Shares: 10,000 5,000

Spouse Full Name (indicate N/A if single): JEFFREY JOHN FREDRICK

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: FREDRICK First Name: JEFFREY MI: J.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: VICE PRESIDENT Number of Shares: 5,000

Spouse Full Name (indicate N/A if single): LINDA DENISE FREDRICK

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is the applying Corporation controlled by another Corporation?

☐ YES

☒ NO

If yes, provide the name of corporation and supply an organizational chart

---

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date:

Jan. 1<sup>ST</sup>

Ending Date:

Dec 31<sup>ST</sup>

Is this a Non-Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #.

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**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: SIS VENTURES, INC

**Premise information**

Premise License Number: 58864 Applying for  
Premise Trade Name/DBA: LEGENDS BAR + GRILL  
Premise Street Address: 8300 NORTHWOODS DR  
City: LINCOLN State: NE Zip Code: 68505  
Premise Phone Number: (402) 488-8300

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

Denise Fredrick

CORPORATE OFFICER SIGNATURE  
(Faxed signatures are acceptable)



ALL INFORMATION MUST BE COMPLETED BELOW PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: FREDRICK First Name: LINDA DENISE MI: \_\_\_\_\_

Home Address (include PO Box if applicable): 14700 COUNTRY LANE

City: LINCOLN State: NE Zip Code: 68517

Home Phone Number: (402) 785-9595 Business Phone Number: (402) 488-8300

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: FREDRICK First Name: JEFFREY  
MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS**

**APPLICANT**

**SPOUSE**

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
LINCOLN NE	1990	2007	LINCOLN NE	1990	2007
LINCOLN, NE					

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1989	1996	DR ANTHONY ROSS	DR. ROSS	486-3444
1996	2002	DR. DAVID SCHNEIDER	DR. SCHNEIDER	489-3200

LINCOLN, NE 1990 2007 LINCOLN NE 1990 2007

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. **If more than one party, please list charges by each individual's name.**

☐ YES

☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

☒ YES

~~YES~~

O FOURTEEN DBA WOODY'S (JEFF FREDRICK)

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES

☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

☒ YES

☐ NO



## PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

  
Signature of Spouse

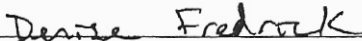
State of Nebraska

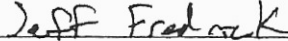
County of Lancaster

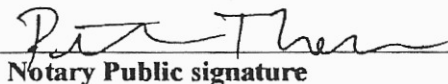
County of Lancaster


The foregoing instrument was acknowledged before me this Sept 26, 2007 by

The foregoing instrument was acknowledged before me this Sept 26, 2007 by

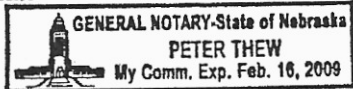
  
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Notary Public signature

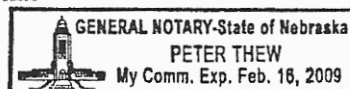
  
Notary Public signature

  
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 5/2007

#2  
SIS  
VENTURES  
INC

**AGREEMENT FOR SALE OF BUSINESS, EQUIPMENT AND FIXTURES**

THIS AGREEMENT is made and entered into this 12<sup>th</sup> day of JULY, 2007, by and between Dmacks, Inc., hereinafter referred to as "SELLER", and DENISE FREDRICK hereinafter referred to as "BUYER".

WITNESSETH:

1. BUSINESS NAME AND GOODWILL. SELLER hereby agrees to sell and convey to the BUYER and the BUYER hereby agrees to purchase from SELLER the business commonly referred to as "Legends Bar and Grill" located at 8300 Northwoods Drive, Lincoln, NE 68505. SELLER also agrees to provide recipes, order sheets, employee handbooks and goodwill associated with the business to BUYER. SELLER will specify an agent of SELLER to train agent for BUYER on computer system and day to day operations of business. SELLER agrees to provide the services of Shawn Darnall to provide training to BUYER for a period of three weeks.

2. EQUIPMENT SOLD. SELLER hereby agrees to sell and convey to the BUYER and the BUYER hereby agrees to purchase from the SELLER all machinery, restaurant equipment, appliances, (including but not limited to ; walk in freezer, walk in beer cooler, walk in refrigerator) utensils, furniture, furnishings, fixtures, signage, office supplies, leasehold improvements, goods, ATM machine, TV's projectors, Laser Liquor system, restaurant management computer system and software located at, 8300 Northwoods Drive, Lincoln, NE 68505

3. PURCHASE PRICE AND PAYMENT TERMS. SELLER agrees to accept and BUYER agrees to pay the sum of THREE HUNDRED TWENTY THOUSAND (\$ 320,000.00 ) in full payment for the business and equipment described in Paragraphs 1 and 2. Such payment shall be made in full on AUG. 15<sup>th</sup> or at such other time as the parties mutually agree. Such payment shall be allocated as follows: Two Hundred Forty Thousand Dollars (\$ 240,000.00 ) for the fixtures and equipment, and Eighty Thousand Dollars (\$ 80,000.00 ) for the business, tradename and goodwill associated with business.

4. ASSUMPTION OF ASSETS AND DEBTS. The BUYER shall assume the lease of the premises and all recurring supplier debt, i.e. food suppliers, liquor suppliers, and beverage suppliers associated with the current stock and inventory. BUYER shall also assume all assets associated with current stock and inventory.

5. DATE OF POSSESSION AND USE. The BUYER shall be entitled to possession of the fixtures and equipment from and after the date that SELLER has received full payment under this Agreement.

6. BILL OF SALE. Simultaneously with the execution of this Agreement, the SELLER is making, executing, acknowledging and delivering a Bill of Sale to the BUYER for said fixtures and equipment.

7. PROCEEDS OF SALE. SELLER and BUYER agree that the proceeds from the sale will

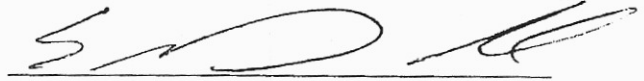
first go to satisfy the following obligations of SELLER:

- a. Hastings State Bank loan number
- b. Nebraska Sales Tax Balance of \$

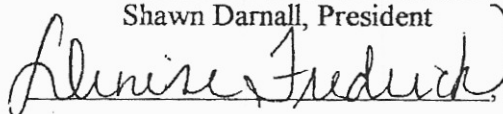
IN WITNESS WHEREOF, the parties have hereunto affixed their respective signatures, effective the day and year first above written.

Dmacks, Inc., Seller,

BY:



Shawn Darnall, President

, Buyer

BY:

DENISE FREDRICK

STATE OF NEBRASKA     )  
                                          ) ss.  
COUNTY OF LANCASTER )

On this 13 day of July, 2007, before me, a Notary Public in and for said County and State, personally came Shawn Darnall, as authorized agent for, Seller, known to me to be the identical person whose name is affixed to the foregoing instrument and acknowledge the execution thereof to be his voluntary act and deed.

WITNESS my hand and notarial seal the date and year last above written.



  
Notary Public

STATE OF NEBRASKA     )  
                                          ) ss.  
COUNTY OF Lancaster )

On this 13 day of July, 2007, before me, a Notary Public in and for said County and State, personally came N/A, as authorized agent for Denise Fredrick, Buyer, known to

DMAACK'S STATE TAX ID# 4  
TEMPORARY AGENCY AGREEMENT ID# \_\_\_\_\_

#3

1. On July 12, 2007, Seller and Buyer entered into a contract for sale of the business known as Dmaack's, Inc. DBA Legends Bar & Grill, which contract is contingent upon Buyer receiving approval for a liquor license to operate the business.
2. Seller and Buyer agree to allow Buyer to operate the business, subject to approval by the Liquor Control Commission, for a period not to exceed 120 days subsequent to September 28, 2007, the date of filing the application with the Liquor Control Commission.
3. Seller will maintain a possessory interest in the property in the form of a lease, use permit or license;
4. Buyer will at all times be the agent of the Seller, but Buyer will be completely and totally responsible for the operation of the business and for all liability associated with the operation of the business during the time when Buyer is acting as Seller's agent; it is specifically understood that Seller shall have no liability for the operation of the business during this period of time, and Buyer agrees to indemnify and hold Seller harmless from any claims arising during this period of operation; however, it is understood that the liquor license remains in the name of the Seller and Seller will be responsible for all violations of the liquor laws of the State of Nebraska until such time as Seller's license is canceled;
5. At time of closing, certain funds will be held in escrow pending issuance of the license.
6. Financial Institution: Name, Address, Account number of where escrow account is being held - Send Copy Of Signature Card.
7. All profits derived from the operation of the business by the buyer, after payment of bills and salaries, shall be paid to the same escrow agent to be held until the issuance of the license, it being specifically understood that the Buyer shall receive no profits from the operation of the business until the liquor license has been issued to Buyer, but shall have the right to direct the investment of profit funds by escrow agent.
8. This agreement constitutes the entire and complete understanding of all parties with regard to the agency relationship, and is binding upon the heirs, personal representatives and successors of the parties.
9. It is hereby understood that in the event the Commission denies this application, this Temporary Agency Agreement is null and void the date of the order.

Signature of Seller \_\_\_\_\_

Signature of Seller \_\_\_\_\_

Signature of Buyer \_\_\_\_\_

Signature of Buyer \_\_\_\_\_

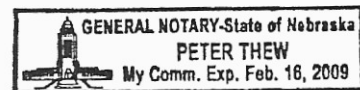
Dated this 26 day of September, 2007.

STATE OF NEBRASKA )  
COUNTY OF ) ss

The above and foregoing Agency Agreement was acknowledged before me this 26 day of September, 2007,  
by Sharon Darnell, as Seller, Stephanne Darnell, as Seller.

The above and foregoing Agency Agreement was acknowledged before me this 26 day of September, 2007,  
by Denise Fredrick, as Buyer, \_\_\_\_\_, as Buyer.

Signature & Seal of Notary Public \_\_\_\_\_



**HASTINGS STATE BANK**

Account Holder Name(s): Dmacks, Inc dba Legends Bar &amp; Grill

Reporting SSN/TIN:

Mailing Address: 8300 NORTHWOODS DR., LINCOLN, NE 68505

Street Location: 8300 NORTHWOODS DR., LINCOLN, NE 68505

Telephone Number:

Work #:

Number of Signatures Required: 1 CIF Number:

Account Purpose: Non Consumer

ACCOUNT TYPE

Commercial Checking Account

ACCOUNT NUMBER

Date Opened

08-22-07

Date Revised

Opened By

247

Verified By

ChexSystems

BUSINESS TYPE: Corporation

Signatures of Authorized Individuals. This Agreement is subject to all terms below.

X

Shawn D. Darnall, President of Dmacks, Inc

X

Stephanie Darnall, Secretary of Dmacks, Inc

X

Denise Fredrick, of Dmacks, Inc

(Signatures and printed names of each account signer)

The authorized Agent(s) signing above agree(s), that the Corporation's Account(s) will be governed by the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Substitute Check Policy Disclosure, the Electronic Funds Transfer Agreement and Disclosure, (if applicable), and acknowledge receipt of our privacy policy (if applicable), as amended by the Financial Institution from time to time. The authorized Agent(s) also acknowledge that they have received at least one copy of these deposit account documents. The Authorized Signer(s) understand(s) accounts opened after 3:30 PM are dated effective the next business day.

**TIN/BACKUP WITHHOLDING**

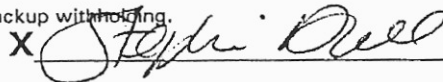
Reporting TIN:

**Important:** Under penalties of perjury, I certify that the number shown above is the Corporation's correct taxpayer identification number, I am a U.S. person (including a U.S. resident alien), and that (check appropriate box):

☒ The Corporation is not subject to backup withholding, because the Corporation is exempt from backup withholding, or because the Corporation has not been notified by the IRS that the Corporation is subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified the Corporation that the Corporation is no longer subject to backup withholding.

☐ The Corporation is subject to backup withholding.

Signature of Authorized Individual: X



9-20-07

Date

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies.

MMN = Mother's Maiden Name

Name: Shawn D. Darnall

SSN: E

Street: 2515 Clayton Court, Lincoln, NE 68507

Mailing:

Phone: (H):

(W):

Job:

DOB:

ID:

MMN:

Name: Stephanie Darnall

SSN:

Street: 2515 Clayton Court, Lincoln, NE 68507

Mailing:

Phone: (H):

(W):

Job:

DOB:

ID:

MMN:



# CORPORATE BANKING RESOLUTION

(for Deposit Accounts)

Depositor: Dmacks, Inc dba Legends Bar & Grill  
8300 NORTHWOODS DR  
LINCOLN, NE 68505

Financial Institution: HASTINGS STATE BANK  
FREMONT STREET BRANCH  
5849 FREMONT STREET  
PO BOX 29379  
LINCOLN, NE 68529-0379

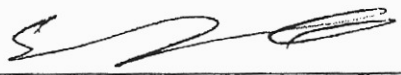
Account No:

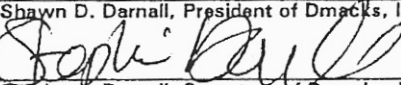
I, the undersigned Secretary of the Corporation named above, HEREBY CERTIFY that the Corporation is organized and existing under and by virtue of the laws of the state of Nebraska as a corporation for profit, with its principal office at 8300 NORTHWOODS DR, LINCOLN, NE 68505

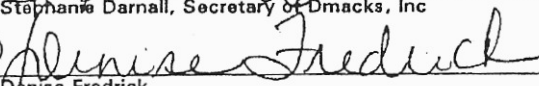
ACCOUNT HOLDER. Dmacks, Inc dba Legends Bar & Grill is the complete and correct name of the Account Holder.

I FURTHER CERTIFY that at a meeting of the Board of Directors of the Corporation, duly and regularly called and held on March 25, 2005, at which a quorum was present and voting, the following resolutions were adopted:

RESOLVED, that the Financial Institution named above at any one or more of its offices or branches, be and it hereby is designated as a depository for the funds of this Corporation, which may be withdrawn on checks, drafts, advices of debit, notes or other orders for the payment of monies bearing the following appropriate number of signatures: Any one (1) of the following named officers or employees of this Corporation ("Agents"), whose actual signatures are shown below:

X   
Shawn D. Darnall, President of Dmacks, Inc

X   
Stephanie Darnall, Secretary of Dmacks, Inc

X   
Denise Fredrick

and that the Financial Institution shall be and is authorized to honor and pay the same whether or not they are payable to bearer or to the individual order of any Agent or Agents signing the same.

FURTHER RESOLVED, that the Financial Institution is hereby directed to accept and pay without further inquiry any item drawn against any of the Corporation's accounts with the Financial Institution bearing the signature or signatures of Agents, as authorized above or otherwise, even though drawn or endorsed to the order of any Agent signing or tendered by such Agent for cashing or in payment of the individual obligation of such Agent or for deposit to the Agent's personal account, and the Financial Institution shall not be required or be under any obligation to inquire as to the circumstances of the issue or use of any item signed in accordance with the resolutions contained herein, or the application or disposition of such item or the proceeds of the item.

FURTHER RESOLVED, that any one of such Agents is authorized to endorse all checks, drafts, notes and other items payable to or owned by this Corporation for deposit with the Financial Institution, or for collection or discount by the Financial Institution; and to accept drafts and other items payable at the Financial Institution.

FURTHER RESOLVED, that the above named agents are authorized and empowered to execute such other agreements, including, but not limited to, special depository agreements and arrangements regarding the manner, conditions, or purposes for which funds, checks, or items of the Corporation may be deposited, collected, or withdrawn and to perform such other acts as they deem reasonably necessary to carry out the provisions of these resolutions. The other agreements and other acts may not be contrary to the provisions contained in this Resolution.

FURTHER RESOLVED, that the authority hereby conferred upon the above named Agents shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered to and received by the Financial Institution at each location where an account is maintained. Financial Institution shall be indemnified and held harmless from any loss suffered or any liability incurred by it in continuing to act in accordance with this resolution. Any such notice shall not affect any items in process at the time notice is given.

I FURTHER CERTIFY that the persons named above occupy the positions set forth opposite their respective names and signatures; that the foregoing Resolutions now stand of record on the books of the Corporation; that they are in full force and effect and have not been modified in any manner whatsoever.

I FURTHER CERTIFY that the persons named above occupy the positions set forth opposite their respective names and signatures; that the foregoing Resolutions now stand of record on the books of the Corporation; that they are in full force and effect and have not been modified in any manner whatsoever.

**HASTINGS STATE BANK**

Account Holder Name(s): SIS Ventures, Inc. DBA Legends Bar &amp; Grill

Reporting SSN/TIN:

Mailing Address: 8300 Northwoods Dr, Lincoln, NE 68505

Street Location: 8300 Northwoods Dr, Lincoln, NE 68505

Telephone Number: (402) 488-8300 Work #:

Number of Signatures Required: 1 CIF Number:

Account Purpose: Non Consumer

ACCOUNT TYPE Commercial Checking Account		ACCOUNT NUMBER	
Date Opened 09-07-07	Date Revised	Opened By 247	Verified By ChexSystems

BUSINESS TYPE: Corporation

Signatures of Authorized Individuals. This Agreement is subject to all terms below.

X

Jeff Fredrick, of SIS Ventures, Inc.

X

Denise Fredrick, of SIS Ventures, Inc.

X

Shawn Darnall, of SIS Ventures, Inc.

X

Stephanie Darnall, of SIS Ventures, Inc.

(Signatures and printed names of each account signer)

The authorized Agent(s) signing above agree(s), that the Corporation's Account(s) will be governed by the terms set forth in the Deposit Account Agreement and Disclosure, the Time Certificate of Deposit or Confirmation of Time Deposit Agreement (if applicable), the Rate and Fee Schedule, the Funds Availability Policy Disclosure, the Substitute Check Policy Disclosure, the Electronic Funds Transfer Agreement and Disclosure, (if applicable), and acknowledge receipt of our privacy policy (if applicable), as amended by the Financial Institution from time to time. The authorized Agent(s) also acknowledge that they have received at least one copy of these deposit account documents. The Authorized Signer(s) understand(s) accounts opened after 3:30 PM are dated effective the next business day.

**TIN/BACKUP WITHHOLDING**

Reporting TIN:

Important: Under penalties of perjury, I certify that the number shown above is the Corporation's correct taxpayer identification number, I am a U.S. person (including a U.S. resident alien), and that (check appropriate box):

☒ The Corporation is not subject to backup withholding, because the Corporation is exempt from backup withholding, or because the Corporation has not been notified by the IRS that the Corporation is subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified the Corporation that the Corporation is no longer subject to backup withholding.

☐ The Corporation is subject to backup withholding.

Signature of Authorized Individual: X

Denise Fredrick 9-7-7

Date

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies.  
MMN = Mother's Maiden Name

Name: Jeff Fredrick SSN:  
Street: 14700 COUNTRY LANE, LINCOLN, NE 68517  
Mailing:  
Phone: (H): (W):  
Job:  
DOB:  
ID: CH 1234567893 MMN:

Name: Denise Fredrick SSN:  
Street: 14700 COUNTRY LANE, LINCOLN, NE 68517  
Mailing:  
Phone: (H): (W):  
Job:  
DOB:  
ID: MMN: